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ABSTRACT

To identify trends in institutional reform and deinstitutionalization of the developmentally disabled, 34 administrative documents emanating from a federally funded planning grant program were examined. Documents were gathered in response to a survey letter to state Developmental Disabilities Councils, and fact sheets summarizing the documents were prepared. A comparison technique evaluated the presence of legislative, organizational, budgetary and client centered trends. Data produced such recommendations as the need in Alaska and Minnesota for public information about available community services, and in Michigan and Vermont for community mental health centers to assume responsibility for providing community based services. Also identified were critical deficiencies impeding deinstitutionalization (including lack of alternative residential services) and institutional reform (such as insufficient public funding). (Included in three appendixes are state document fact sheets.) (CL)

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TREND ANALYSIS OF ADMINISTRATIVE DOCUMENTS PERTINENT TO THE COMMUNITY ALTERNATIVES AND INSTITUTIONAL REFORM PLANNING GRANT PROGRAM

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A Report to the U. S. Department of Health, Education, and Welfare

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Program for the Analysis of Deinstitutionalization Resources
The Council for Exceptional Children

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August 31, 1975

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I. INTRODUCTION AND FOREVIEW

Purpose

The purpose of the Administrative Document Study was to gather and content-analyze administrative documents emmanating from a federally-funded planning grant program. Underlying the study was a notion that, by classifying and comparing the problems and recommendations presented in these administrative documents, we would uncover the presence or absence of national trends. Further, that from the trends revealed, critical programmatic deficiencies might be discerned. Specific foci of the investigation were deinstitutionalization and institutional reform[1] and the information to be obtained was thought, therefore, to be potentially useful to program planners within the U. S. Department of Health, Education, and Welfare. It was assumed that policy data aggregated from contemporary state planning experiences would aid federal officials and others to refine national policy, particularly in the deinstitutionalization area.

The federal grant program and hence, the administrative documents chosen to be studied as trend indicators, was selected by a Project advisory committee representing the HEW Developmental Disabilities Office and Rehabilitation Services Administration, the President's Committee on Mental Retardation, and the University of Oregon's Rehabilitation Research and Training Center in Mental Retardation. The administrative documents selected for study were those associated with the Community Alternatives and Institutional Reform (CAIR) grant program. CAIR planning grants were awarded by

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[1] To guide analytical thought, operational definitions for deinstitutionalization and institutional reform employed were those developed by the National Association of Superintendents of Public Residential Facilities (PCMR, 1974). These definitions are presented on pages 10 and 19, respectively, in this report.

the national Developmental Disabilities Office out of Fiscal Year 1973 and 1974 appropriations as "Project Grants of National Significance." Authorizations for these grants stemmed principally from Section 132(e) of the federal Developmental Disabilities Act and also, from Section 4(a)(1) of the Vocational Rehabilitation Act Amendments of 1968. Grants were made to 47 states and the District of Columbia.

The stated objectives of the CAIR grant program (i.e., the federal guidelines for CAIR grant applications) were:

1. To identify substandard aspects of the institution's facilities and programs;
2. To identify resources presently and potentially available for improving conditions within institutions;
3. To devise a plan which would lead to the achievement of ACFMR* accreditation standards within a specified time period; and
4. To incorporate the project plan into the State developmental disabilities plan in which the priorities of both parts have been coordinated (Developmental Disabilities Office, HEW, administrative records, 1974).

The purpose of the Administrative Document Study, however, was not to evaluate whether or not CAIR grantees adhered to Federal Government guidelines. The purpose was to discover the presence or absence of trends in deinstitutionalization and institutional reform nationally and further, to discern the most critical deficiencies in deinstitutionalization revealed from among the trends discovered.

Methodology

Analysis techniques guiding the research enterprise were classification and comparison (Selltiz, Jahoda, Deutsch, & Cook, 1959) and the content

*Accreditation Council for Facilities for the Mentally Retarded.

analysis of qualitative material as discussed by Cartwright (1966). An outline of research tasks was developed containing five tasks:

1. Determining how to get CAIR administrative documents;
2. Acquisition of the administrative documents;
3. Narrative summarization of the information pertinent to the Administrative Document Study objectives contained in each document submitted;
4. Development of a brief fact sheet[2] on each state submission summary which accurately (a) described the submission in a phrase, and (b) classified problem areas and recommendations explicitly stated therein into Legislative, Organizational, Budgetary, and Client-Centered categories; and
5. Evaluation of problems identified and recommendations presented in the State Document Fact Sheets for the presence or absence of trends.

As indicated above, initial research tasks involved getting data documenting state grant experiences. The entire Study needed to be conceived, executed, and reported on in seven months to fit into the HEW program planning cycle for Fiscal Year 1976. It was, therefore, deemed not feasible to attempt to use survey procedures that would involve time consuming Office of Management and Budget review.

To obtain the CAIR documents, a survey letter (Appendix 3) dated March 4, 1975 was mailed from The Council for Exceptional Children's national headquarters to state Developmental Disabilities Council Chairpersons, Staff Directors, and to HEW Regional Office personnal. Telephone

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[2]These fact sheets for 34 study submissions appear as Appendix 1.

followup occurred between April 1 and 11. A few of the submissions were obtained through personal communication with the HEW national Developmental Disabilities Office. Thirty-four states provided submissions by the April 14 cutoff date. Submissions ranged from short letters to planning documents and final reports several hundred pages in length.

A document was considered a submission, to be used as part of the Study's data base, if it was determined from examining the document or accompanying cover letter or from telephone followup that it was developed consequent to the CAIR grant program. Several states submitted an annual developmental disabilities master plan. These were not considered submissions unless the master plan presented data summarizing the findings of the pertinent CAIR project. If so, these data were extracted from the plan and were considered submissions to be used in the Administrative Document Study.

The third research task was the summarization of content of each state document submitted. These 34 summaries were considered too lengthy for inclusion in this report. They appear under separate cover as Exhibit A.

From the summaries, State Document Fact Sheets were developed. Three separate activities comprised this fourth research task. After reviewing each summary a phrase was formulated to describe the state submission. Not all submissions addressed both institutional reform and deinstitutionalization. Some states addressed one and not the other, some states addressed both, and still others addressed one and an aspect of the other or only an aspect of one. When, for example, a state responded to the grant experience, like Connecticut, by funding a study on the behavioral responses of institutional residents to environmental modification, the submission was described as Behavioral Response to Institutional Modification Study. In contrast,

some states only addressed an aspect of deinstitutionalization. California, for example, focused on the feasibility of further depopulation of its state hospitals. Because it did not address deinstitutionalization comprehensively or institutional reform at all, the California submission was described as Partial Deinstitutionalization Feasibility Study. In roughly a third of the submissions both institutional reform and deinstitutionalization were addressed. Oregon, for example, addressed the interrelated processes of deinstitutionalization in its submission as well as institutional reform and therefore, its submission was described as Comprehensive Deinstitutionalization and Institutional Reform Plan.

The workscope reported in each submission was then reviewed to determine if it identified problem areas and/or provided recommendations pertaining to deinstitutionalization and/or institutional reform. For those that did, the problems identified and/or recommendations offered were classified into one of four categories: Legislative, Organizational, Budgetary, and Client-Centered. In many cases, a recommendation or problem identified could have been appropriately placed in more than one category. In these cases, arbitrary judgment was exercised to classify the recommendation into one category. Problems identified for which corrective recommendations were provided were sometimes redundant, e.g., a submission often couched an issue as a problem, then made a recommendation about it. To avoid redundancy, only those problem areas identified which were not discernible from the recommendations provided were classified as problems. Also, problems identified and recommendations provided concerning institutional reform were treated separately from those for deinstitutionalization.

To conclude the analysis, information contained in the State Document Fact Sheets was evaluated for the presence or absence of trends. Evaluation involved comparing the problems identified and recommendations offered by the states. If comparison revealed at least two states identifying a similar problem or recommended action, the problem or recommendation was operationally defined as a trend. The determination of critical deficiencies impeding deinstitutionalization was made by extrapolating generalizations from trends noted which seemingly embodied deficiencies which would have to be addressed first, before other activities associated with deinstitutionalization could proceed.

Limitations

Many public and private agencies are presently doing deinstitutionalization planning and issuing documents that potentially qualify as data for a trend analysis study. Deinstitutionalization has apparently achieved the status of a public policy code word. The quantity of information and training literature and films produced on the subject of community reintegration alone, as shown in Figure 1, is growing rapidly. In fact, several states did submit planning documents derived from outside the CAIR grant experience. Only one agency grant program, albeit synergistically focused, was actually studied. This program itself (CAIR) specified discrete objectives imperfectly compatible with the objectives of the Administrative Document Study. Although this is not viewed as an entirely debilitating limitation, trends did have to be discovered from among 34 submission summaries containing varied information both pertinent and impertinent to deinstitutionalization and institutional reform. The information contained therein was conceived in a variety of ways by the grantee agency of record or by a contractor

designated by that agency. Furthermore, the administrative documents examined were primarily descriptive, not quantitative. Many recommendations in these documents also appeared to be prescriptions--"shoulds"--whose implementation would no doubt be blocked by fiscal or other allocative constraints. We could not, therefore, tell which recommendations or problems identified were unchallengably true indicators of state actions on deinstitutionalization and institutional reform. We did, however, venture to identify and comment on the major obstacles apparently impeding deinstitutionalization nationally.

The data were not, however, viewed so satisfactorily for making similar extrapolations vis-a-vis obstacles impeding institutional reform. Programmatic deficiencies in this area were judged to be better ascertained in another investigative effort (Braddock, 1975) analyzing data emmanating from Accreditation Council surveys of residential facilities for mentally retarded persons.

Foreview

Two sections follow this introduction: Section II, Trends Noted, and Section III, Summary and Comment. Trends Noted discloses the presence or absence of trends observed in deinstitutionalization and institutional reform, respectively, from the analysis of State Document Fact Sheets. These fact sheets were considered too bulky to include in the text of the report and they appear as Appendix 1. The reader is encouraged to refer to them to gain a better understanding of the study methodology and of the nuances specific to the trends noted in deinstitutionalization and institutional reform for each state submitting documents. The fact sheets present the information extracted from each submission summary, including verbatim recommendations and problem areas. Exhibit A, a separate resource document, contains the summaries themselves.

The reader desiring a quick overview of the study--purpose, method, and trends noted--may refer to the concluding section of the report, Summary and Comment. The Appendix, in addition to containing the State Document Fact Sheets, also outlines funds budgeted to states participating in the CAIR planning grant program and shows the survey letter used to obtain administrative documents.

II. TRENDS NOTED

The results of evaluating the recommendations and problems classified in the State Document Fact Sheets are reported in this section. Trends are noted specific first to deinstitutionalization and then to institutional reform. The organizing focus of the presentation in each case is by classification category: Legislative, Organizational, Budgetary, and Client-Centered trends. Realize also that trends are presented separately and subspecifically for (a) recommendations made and (b) problems identified.

DEINSTITUTIONALIZATION

According to the National Association of Superintendents of Public Residential Facilities for the Mentally Retarded, deinstitutionalization refers to three interrelated processes:

> (1) prevention of admission by finding and developing alternative community methods of care and training; (2) return to the community of all residents who have been prepared through programs of habilitation and training to function adequately in appropriate local settings; and (3) establishment and maintenance of a responsive residential environment which protects human and civil rights and which contributes to the expeditious return of the individual to normal community living, whenever possible [PCMR, 1974, 3-4].

Of the 34 state documents used as the data base in the Administrative Document Study, 23 (68%) contained explicitly stated recommendations and/or problems which pertained to the processes associated with deinstitutionalization. Eighteen of these 23 state documents contained recommendations, with four of these 18 also identifying problems. Five of these 23 state documents only identified problems impeding deinstitutionalization. The 23 state documents were submitted from the following states: Alaska, California, Hawaii, Idaho, Louisiana, Maine, Maryland, Michigan, Minnesota, Missouri,

Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Vermont, and Washington.

Chart 1 identifies the number of states offering recommendations in each of the categories designated for classification purposes. purposes.

Chart 1

Number of States Which Made Deinstitutionalization Recommendations by Classification Category

Legislative recommendations	6 states
Organizational recommendations	17 states
Budgetary recommendations	10 states
Client-centered recommendations	13 states

Chart 2 identifies the number of states identifying problems impeding deinstitutionalization in each of the categories designated for classification purposes.

Chart 2

Number of States Which Identified Problems Impeding Deinstitutionalization by Classification Category

Legislative problems	none
Organizational problems	3 states
Budgetary problems	7 states
Client-centered problems	4 states

Examination of the information presented in Charts 1 and 2 makes one point clear--the actual number of state document submissions being used to disclose the presence or absence of national trends is rather small. In

no case is the number of states relied on greater than 34% of the nation's total. In most cases, the number of states is much smaller.

Recall that the method used to disclose the presence or absence or trends was to review and compare by classification category all the recommendations offered and problems identified by the various states. If the comparison showed at least two states making a similar recommendation or problem, the recommended action or the problem was defined as a trend.

Actions Recommended to Augment Deinstitutionalization

Legislative Trends

Six of the state submissions recommended legislative actions to augment deinstitutionalization. Review and comparison of these submissions disclosed the presence of two prescriptive trends:

1. State statutes pertaining to the developmentally disabled need to be reviewed and subsequently revised in line with new legal or professional concepts in Alaska, Ohio, New Mexico, and Vermont.
2. Legislative advocacy against discriminatory zoning laws which affect the developmentally disabled is needed in Michigan and Minnesota.

Organizational Trends

Seventeen of the state submissions recommended organizational changes to augment deinstitutionalization. Review and comparison of these submissions disclosed the presence of 13 prescriptive trends:

1. Policies pertaining to the appropriate size of the catchment areas of both institutions and regional service centers need to be reviewed in Idaho, Michigan, and Missouri.

2. Responsibilities and functions of all public agencies providing services to the developmentally disabled need to be precisely defined and delineated in Alaska, Idaho, Michigan, Minnesota, Missouri, and Oregon.
3. Mutually beneficial cooperation among all the generic agencies involved in providing services to the developmentally disabled needs to be established in Idaho, Missouri, Nevada, Oregon, and Vermont.
4. Separation of the mental retardation unit from the mental health division and then further division into local programs and institutional programs is needed in Michigan, Nevada, New Jersey, North Carolina, Vermont, and Washington.
5. Systematic methods for identifying the support services required by post-institutional residents in the community need to be developed in Alaska, Idaho, Maryland, and Minnesota.
6. Standards for community agencies providing support services for the disabled are needed in Alaska, Idaho, and Ohio.
7. Public information about what community-based services for the developmentally disabled are available is needed in Alaska and Minnesota.
8. Diagnostic, evaluation, and program planning units within the institution which cooperate with the generic agencies in the community are needed in Alaska, Idaho, and Minnesota.
9. Responsibility for providing community-based services to the developmentally disabled needs to be assumed by the community mental health centers in Michigan and Vermont.

10. Analysis of the characteristics of the developmentally disabled population is needed in Idaho, Maryland, and Michigan.

11. Establishment of a statewide policy for service development and delivery consistent with the principle of least restriction is needed in Alaska, Idaho, and Michigan.

12. Expansion of staff and services provided at community or regional centers is needed in Idaho, Michigan, and Nevada.

13. A formal communication network among generic agencies and the private sector service providers is needed in Alaska and Michigan.

Budgetary Trends

Alaska, Michigan, Minnesota, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, Ohio, and Pennsylvania offered budgetary recommendations for a wide variety of programmatic purposes. Examples include the financing of cost-effectiveness studies, discovering and implementing better finance mechanisms, increasing institutional service budgets, stabilizing existing funding, and getting more federal dollars. However, due to the diversity of specific recommendations offered, review and comparison of the documents submitted disclosed no trends in this area. A significant budgetary trend, discussed later, was identified through comparison of the problems identified in the state submissions.

Client-Centered Trends

Thirteen of the state submissions offered client-centered recommendations to augment deinstitutionalization. Review and comparison of these submissions disclosed the presence of five prescriptive trends:

1. More systematic and frequent observations of clients being considered for placement is needed in Minnesota, Missouri, Nebraska, and Vermont.
2. More community-based residential alternatives to institutionalization are needed is Alaska, New Jersey, Vermont, and Washington.
3. More support services for the developmentally disabled in the community (e.g., respite care, follow-along, vocational training, parent involvement, and transportation services) are needed in Alaska, New Jersey, Vermont, and Washington.
4. Prevention programming by generic agencies is needed in Alaska, Michigan, Minnesota, and Vermont.
5. Improved availability of publicly provided special education services is needed in Alaska and Michigan.

Problems Identified Impeding Deinstitutionalization

Legislative Trends

None of the state submissions identified legislative problems impeding deinstitutionalization. Consequently, the disclosure of trends among legislative problems was not possible. This is not to say that none of the problems identified in other classification categories may not require legislative action for resolution. For example, the authorization to change the scope and method of budgetary allocations, or to organize

or reorganize an agency or program may require extraordinary legislative action.

Organizational Trend

Three of the state submissions identified problems of an organizational nature which are impeding deinstitutionalization. Review and comparison of these submissions disclosed the presence of one trend:

- Not all the generic agencies serving the developmentally disabled are willing to cooperate with each other or with the institution in Hawaii and Maine.

Budgetary Trend

Seven of the state submissions identified budgetary problems impeding deinstitutionalization. Review and comparison of these submissions disclosed the presence of one trend:

The inadequate financing of community residential and support services is a serious obstacle to further depopulation of the institutions in California, Maine, Oregon, Pennsylvania, and South Dakota.

Client-Centered Trend

Four of the state submissions identified client-centered problems impeding deinstitutionalization. Comparison of these submissions disclosed the presence of one trend:

An adequate level of residential and support services in the community is lacking in California, Maine, and Utah.

Critical Deficiencies Impeding Deinstitutionalization

Analysis of the information contained in the state submissions disclosed the presence of numerous trends in deinstitutionalization.

1. Nineteen trends were discovered among the actions recommended to augment deinstitutionalization in 14 different states.
2. Three trends were discovered among the problems identified which are impeding deinstitutionalization in seven different states.

From among the trends disclosed, at least two Critical Deficiencies among the various states studied seemed to be major obstacles impeding further deinstitutionalization. That is, these deficiencies would need to be addressed first, before other activities associated with deinstitutionalization could proceed.

1. <u>There are not enough alternative residential services for institutional residents, or persons at risk of institutionalization, in the nation's communities</u>.

Only two of the states which identified this general deficiency specifically stated what they needed--residential services for adult disabled individuals in Alaska and group style residential services in Washington. Most of the states either were not explicit about their residential service needs (e.g., Hawaii, Maine, and New Jersey) or similarly, the documents did not specifically state what types of residential services the developmentally disabled could best use in the community (e.g., Idaho, Minnesota, South Dakota, and Vermont).

2. <u>There is not the variety of supportive services necessary to sustain individuals placed, or to be placed, into alternative residential facilities, in the nation's communities</u>.

Typically, states which identified inadequate support services as a deficiency had residential alternatives to the institution, but these alternatives were reported to be primarily serving a custodial function. Nine states explicitly stated the support services they needed to augment existing or planned residential services. For example, special education services and respite care are needed in Alaska; transportation and follow-along in Hawaii,

transportation and dental services in Maine; transportation, follow-along, life consultation, and special education services in Michigan; educational services in Missouri; employment training services in Nebraska; recreational services in Nevada; day care services in Vermont; and home aid and special education services in Washington. The remainder of the states identifying a deficiency in support services either did not make explicit what support services they needed (e.g., Maryland and Pennsylvania) or similarly, they did not know what types of support services were needed by the developmentally disabled in the community (e.g., Minnesota and New Jersey).

States almost uniformly noted that, among the generic agencies whose responsibility it is to provide supportive services to community members, there is not the cooperation necessary to allow the unfettered delivery of community-sustaining supportive services to the developmentally disabled. This might well be listed as a third critical deficiency impeding deinstitutionalization.

Several states also recognized problems or made pointed recommendations about the underfinancing of community residential and support services. Underfinancing was indicated to be critically impeding deinstitutionalization efforts in California, Maine, Oregon, Pennsylvania, South Dakota, Michigan, and New Mexico. It is interesting to note that the preliminary findings of a study of group homes by O'Connor and Sitkei (1975) indicated that "inadequate funding" was the primary concern among community-based group home operators.

Obstacles impeding deinstitutionalization revealed by the present study also confirm and underscore the "most prominent impression" gained by Scheerenberger (1975) who recently gathered and trend-analyzed data from

207 public residential facilities in the United States. He noted that "inadequate programming" was by far the most frequently reported problem encountered with community services. To quote from the concluding section of the report:

> ...the development of comprehensive community services for the mentally retarded has not progressed as rapidly as one would desire. The data do not lend themselves to the interpretation that deinstitutionalization efforts have had a major impact on residential programming throughout the country [p. 61].

INSTITUTIONAL REFORM

According to the National Association of Superintendents of Public Residential Facilities for the Mentally Retarded,

> Institutional reform...involves a modification or improvement in attitudes, philosophies, policies, effective utilization of all available resources, and increased financing to provide adequate programs to motivate and assist individuals to reach their maximum level of functioning in the least restrictive environment possible [PCMR, 1974, p. 4].

Nineteen (59%) of the documents used as the data base in the present study contained explicitly stated recommendations and problems which pertain to the processes associated with institutional reform. Fourteen of these 19 state documents contained recommendations, with three of these 14 also identifying problems. Five of the 19 state documents only identified problems impeding institutional reform. The 19 state documents were submitted from Florida, Hawaii, Idaho, Maryland, Michigan, Minnesota, Mississippi, Montana, Florida, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Utah, Virginia, and West Virginia.

Chart 3 identifies the total number of states offering recommendations in the categories designated for classification purposes.

Chart 3

Number of States Which Made Institutional Reform Recommendations by Classification Category

Legislative recommendations	1 state
Organizational recommendations	12 states
Budgetary recommendations	6 states
Client-centered recommendations	7 states

Chart 4 shows the number of states identifying problems impeding institutional reform in each of the designated categories.

Chart 4

Number of States Which Identified Problems Impeding Institutional Reform by Classification Category

Legislative problems	None
Organizational problems	3 states
Budgetary problems	5 states

The number of states whose processes with respect to institutional reform is being used to disclose nationwide trends is small. Even the category with the greatest number of states (Chart 3, Organizational recommendations) has only 24% of the nation's 50 states represented.

Actions Recommended to Augment Institutional Reform

Legislative Trends

There was insufficient data contained in the state submissions to disclose the presence of national trends in legislation being recommended to augment institutional reform. Only one state's submission contained legislative recommendations.

Organizational Trends

Twelve of the state submissions recommended organizational changes to augment institutional reform. Review and comparison of these submissions disclosed the presence of nine prescriptive trends.

1. Individualized program planning for institutional residents is needed in Hawaii, Michigan, Minnesota, and Mississippi.

2. Unit system reforms in case management within the institution is needed in Michigan, Minnesota, Mississippi, and Pennsylvania.
3. Written goals, objectives, policies, and procedures governing institutional activities are needed in Mississippi, Nevada, and Utah.
4. Increased development and training for institutional staff is needed in Mississippi and Nevada.
5. Steps should be taken to achieve compliance with national or state adopted accreditation standards for residential facilities in Maryland, North Carolina, and Ohio.
6. Plans to normalize institutions are needed in Montana, Ohio, and Pennsylvania.
7. Integration of institutions and available community-based services into one service delivery network is needed in Mississippi, Pennsylvania, and Utah.
8. Time limited admissions to institutions are needed in Oregon and Utah.
9. Improvement of institutional recordkeeping is needed in Nevada, Utah, and West Virginia.

Budgetary Trends

Six of the state submissions offered fiscal-related recommendations to augment institutional reform. Review and comparison of these submissions disclosed the presence of two prescriptive trends:

1. A significant state financial commitment to augment the reform of residential facilities is needed in Hawaii, Michigan, and North Carolina.

2. An increase in the number of personnel in institutions is needed in Nevada and Oregon.

Client-Centered Trends

Seven of the state submissions offered client-centered recommendations to augment institutional reform. Review and comparison of these submissions disclosed the presence of three prescriptive trends:

1. Improvement in the training provided to institutional residents is needed in Idaho and Utah.
2. Implementation of continual program and resident evaluation methods is needed in Idaho, Michigan, and West Virginia.
3. Increase in the variety and quality of services available to institutional residents in such areas as educational and habilitation services, health services, and social services is needed in Idaho, Michigan, Mississippi, Nevada, and Utah.

Problems Identified Impeding Institutional Reform

Legislative Trends

None of the state submissions identified legislative problems impeding institutional reform. Consequently, the disclosure of trends among legislative problems was not possible.

Organizational Trends

Three of the state submissions identified problems of an organizational nature which are impeding institutional reform. Review and comparison of these submissions disclosed the presence of one trend:

The requisite cooperation among generic agencies whose programs' impact on the institutionalized developmentally disabled and

whose services are necessarily involved in the transition from an institution-dominated service network to a comprehensive community network is not present in Hawaii or New Mexico.

Budgetary Trend

Five of the state submissions identified fiscal-related problems impeding institutional reform. Review and comparison of these submissions disclosed the presence of one trend:

Insufficient public funding is a major factor inhibiting institutional reform efforts in Florida, Montana, New Mexico, and Oklahoma.

Client-Centered Trends

Four of the state submissions identified client-centered problems impeding institutional reform. Review and comparison of these submissions disclosed an absence of trends among the problems identified. Problems presented ranged from high employee turnover to seriously substandard physical characteristics of residential facilities.

A Note on Deficiencies Impeding Institutional Reform

As indicated previously, the number of states studied offering recommendations and problems in institutional reform was quite small. It is unsound to venture to extrapolate generalizations from the trends noted to come up with a list of valid critical deficiencies in institutional reform. Further, the issue of identifying critical deficiencies in institutional reform vis-a-vis ACFMR accreditation, has been addressed more thoroughly elsewhere (Braddock, 1975). However, with these limitations in mind, three common deficiencies of program frequently were pointed out by the states studies and deserve mention.

1. Insufficient public funding is a major factor inhibiting institutional reform efforts.

Seven states noted this issue as a problem or made a prescriptive recommendation about it:

Florida, Hawaii, Michigan, Montana, New Mexico, North Carolina, and Oklahoma.

2. The variety and quality of educational and habilitative services available to institutionalized residents is inadequate.

Five state submissions identified problems or offered prescriptive recommendations in this area: Idaho, Michigan, Mississippi, Nevada, and Utah.

3. Individualized program planning and evaluation of institutionalized residents is lacking.

This deficiency was mentioned as a problem or embodied in a prescriptive recommendation offered by six states: Hawaii, Idaho, Michigan, Minnesota, Mississippi, and West Virginia.

It is interesting to note that inadequacies in individualized program planning and evaluation of institutionalized residents also showed up as a top-ranked "critical deficiency" in the institutional reform accreditation standards study mentioned above. There are, however, no mitigating factors which render present findings with regard to institutional reform broadly generalizable. Rather, the findings are indicative of certain macroscopic problems in institutional reform being encountered in the states studied.

III. SUMMARY AND COMMENT

The purpose of the Administrative Document Study was to gather and content-analyze administrative documents emmanating from a federally-funded planning grant program. Underlying the study was a notion that, by classifying and comparing the problems and recommendations presented in the administrative documents, we would uncover the presence or absence of national trends. Further, that from the trends revealed, critical programmatic deficiencies might be discerned. Specific foci of the investigation were deinstitutionalization and institutional reform and the information to be obtained was thought, therefore, to be potentially useful to program planners within the U. S. Department of Health, Education, and Welfare. It was assumed that policy data aggregated from state planning experiences would aid federal officials and others to refine national policy, particularly in the deinstitutionalization area.

The administrative documents selected for study were those associated with the Community Alternatives and Institutional Reform (CAIR) grant program. CAIR planning grants were awarded by the HEW Developmental Disabilities Office out of Fiscal Year 1973 and 1974 appropriations as "Project Grants of National Significance."

The stated objectives of the CAIR grant program (i.e., the federal guidelines for CAIR grant applications) were:

1. To identify substandard aspects of the institution's facilities and programs;
2. To identify resources presently and potentially available for improving conditions within institutions;

3. To devise a plan which will lead to the achievement of ACFMR accreditation standards within a specified time period; and

4. To incorporate the project plan into the State developmental disabilities plan in which the priorities of both parts have been coordinated (Developmental Disabilities Office, HEW, administrative records, 1974).

The purpose of the Administrative Document Study, however, was not to evaluate whether or not CAIR grantees adhered to Federal Government guidelines. Rather, the purpose was to disclose the presence or absence of trends in deinstitutionalization and institutional reform and further, to discern the most critical deficiencies in deinstitutionalization revealed from among the trends disclosed.

Analysis techniques used were classification and comparison (Selltiz, Jahoda, Deutsch, & Cook, 1959) and the content analysis of qualitative material as discussed by Cartwright (1966). To guide analytical thought, operational definitions for deinstitutionalization and institutional reform employed were those developed by the National Association of Superintendents of Public Residential Facilities (PCMR, 1974). An outline of research tasks was developed containing five tasks:

1. Determining how to get CAIR administrative documents;

2. Acquisition of the administrative documents;

3. Narrative summarization of the information pertinent to the Administrative Document Study objectives contained in each document submitted;

4. Development of a brief fact sheet on each state submission summary which accurately (a) described the submission in a phrase, and (b) classified problem areas and recommendations disclosed therein into Legislative, Organizational, Budgetary, and Client-Centered categories;
5. Evaluation of problems identified and recommendations presented in the State Document Fact Sheets for the presence or absence of trends.

Documents were gathered principally in response to a survey letter dated March 4, 1975 which was sent to state Developmental Disabilities Council Chairpersons and Staff Directors and to HEW Regional Office personnel. The submissions ranged from short letters to lengthy planning documents and final reports. A document was used as a part of the Study's data base if it was determined from examining the document or accompanying cover letter or from telephone followup that it was developed consequent to the CAIR grant program. The content of each submission was then summarized, and from these summaries State Document Fact Sheets were developed. The fact sheets were evaluated for the presence or absence of trends by using a simple comparison technique. If two states identified a similar problem or recommendation in deinstitutionalization or institutional reform, the problem or recommendation was defined as a trend.

"Critical deficiencies" impeding deinstitutionalization were determined by extrapolating generalizations from inspection of those trends noted which seemingly embodied deficiencies which would have to be addressed first, before other activities associated with deinstitutionalization could proceed. The data were not viewed so satisfactorily for making similar extrapolations vis-a-vis obstacles impeding institutional reform.

TRENDS NOTED

Deinstitutionalization

Twenty-three (68%) of the 34 state document submissions contained explicit recommendations and/or identified problems pertaining to the processes associated with deinstitutionalization. Documents studied were from Alaska, California, Hawaii, Idaho, Louisiana, Maine, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Vermont, and Washington.

Most of the documents submitted (18) contained recommendations only; five submissions, however, contained problems only; four submissions contained both recommendations and problems. Review and classification of the submissions revealed that six states offered legislative recommendations, 17 offered organizational recommendations, nine states recommended budgetary actions, and 13 states offered client-centered recommendations to augment deinstitutionalization. No states identified legislative problems *per se* with deinstitutionalization; three states identified organizational problems; seven states identified budgetary problems; and four states expressed client-centered obstacles to implementing processes associated with deinstitutionalization.

Critical Deficiencies Impeding Deinstitutionalization

Analysis of the information contained in the state submissions disclosed the presence of numerous trends in deinstitutionalization. Nineteen trends were discovered among actions recommended to augment deinstitutionalization

in 14 different states; three trends were discovered among problems identified impeding deinstitutionalization in seven different states. From among the 22 trends disclosed, at least two Critical Deficiencies seemed to be major obstacles impeding deinstitutionalization efforts nationally. That is, they would need to be addressed first, before other activities associated with deinstitutionalization could proceed.

1. There are not enough alternative residential services for institutional residents, or persons at risk of institutionalization, in the nation's communities.

2. There is not the variety of supportive services necessary to sustain individuals placed, or to be placed, into alternative residential facilities, in the nation's communities.

In what might well be listed as a third critical deficiency impeding deinstitutionalization, states almost uniformly noted that among the generic agencies whose responsibility it is to provide supportive services to community members, there is not the cooperation necessary to allow the unfettered delivery of community-sustaining supportive services to the developmentally disabled. Many states also recognized problems or made pointed recommendations about the underfinancing of community-based residential and supportive services.

Institutional Reform

Nineteen (56%) of the 34 state document submissions reviewed identified explicit recommendations and/or identified problems which pertain to the processes associated with institutional reform. State documents studied were submitted from Florida, Hawaii, Idaho, Maryland, Michigan, Minnesota, Mississippi, Montana, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Utah, Virginia, and West Virginia. Most (14) of the 19 documents contained recommendations only; five submissions identified problems only; three submissions contained both recommendations and problems.

Review and classification of the submissions disclosed that one state offered legislative recommendations; twelve states offered organizational recommendations; six states recommended budgetary actions; and seven states made client-centered recommendations to augment institutional reform. No state identified legislative problems per se in institutional reform; three states identified organizational problems; five states noted budgetary problems; and four states specified client-centered problems which were impeding institutional reform.

The number of state submissions being used to disclose nationwide trends in each classification category was small. Generalizing broadly from this sample is not sound. However, with this limitation in mind, three common deficiencies of program were mentioned most frequently by the states studied either as a problem or as a recommendation:

- That insufficient public funding is a major factor inhibiting institutional reform efforts;
- That the variety and quality of educational and habilitational services available to institutional residents is inadequate; and

- That the lack of individualized program planning and evaluation for institutionalized residents is a major problem.

These common deficiencies were generalizations extrapolated from a review of the 14 trends noted among actions recommended to augment institutional reform and the two trends noted among problems identified in this area.

Concluding Comment

As indicated in foregoing paragraphs, one purpose of the present study was to content-analyze administrative documents and in doing so, to discover the presence or absence of trends in deinstitutionalization. It would be invalid, however, to assume that the trends discovered in the present study are descriptive of the situation in those states from which a submission was not obtained. There are no mitigating factors implicit in the study methodology or inherent in the information contained in the administrative documents analyzed which allow the findings to be broadly generalized. The trends revealed are merely an indication of the extent to which processes related to deinstitutionalization and institutional reform are being implemented in the states studied and of certain macroscopic implementation problems being encountered in those states.

There are many public and private agencies presently doing deinstitutionalization planning and issuing documents which could form the data base of a trend analysis study. These agencies--intimately involved in processes of policy planning and formulation--are active at various governance levels. Only one grant program, albeit synergistically focused, was actually studied. This program itself (CAIR) specified discrete objectives imperfectly compatible with the trend objectives of the Administrative Document Study. That

is, trends had to be discovered from among documents containing information conceived in many ways. This information was primarily descriptive, not quantitative, and it contained many recommendations whose implementation will assuredly be blocked by fiscal or other allocative constraints. We could not, therefore, tell which recommendations were unchallengeably true indicators of state actions on deinstitutionalization.

A second and equally important purpose of the study was to derive generalizations from among the trends noted so as to identify significant obstacles impeding deinstitutionalization efforts. The deficiencies noted--insufficient alternative residential and supportive services in the nation's communities, underfinancing, and lack of cooperation among generic community agencies--underscore and appear to confirm the "most prominent impression" gained by Scheerenberger (1975). He found that "inadequate programming" was by far the most frequently reported problem encountered with community services. Quoting from the concluding section of the report:

> the development of comprehensive community services for the mentally retarded has not progressed as rapidly as one would desire (emphasis added). The data do not lend themselves to the interpretation that deinstitutionalization efforts have had a major impact on residential programming throughout the country [p. 61].

The trends noted and the obstacles impeding deinstitutionalization efforts revealed in the present study were identified using a methodology quite dissimilar from that employed in the Scheerenberger study. That the same general finding or impression would come up in both warrants emphasis and has public policy implications. If the community services aren't there--deinstitutionalization becomes depopulation--a shell game.

The findings in the present study provide program planners and policy-makers with some empirical evidence upon which to formulate program planning and program implementation strategies to enhance deinstitutionalization efforts. Determining the instruments of public policy necessary to fuel the strategies to be adopted exceeds the scope of this study. It is, however, patently clear that the Department of HEW cannot efficiently promote deinstitutionalization unless financial and human resources are marshalled from within many of the Department's constituent programs and agencies. This marshalling task must be addressed thoroughly by the HEW Secretary's office for only it potentially has the necessary scope and authority to fully tap existing discretionary Departmental resources. That the President's Committee on Mental Retardation has recently adopted a major secretarial objective pertaining to long-range departmental planning for deinstitutionalization is an encouraging sign.

The present study suggests that deinstitutionalization planning and implementation efforts should be directed toward stimulating the development of adequately financed residential and supportive services in community settings; and, that simultaneously, efforts to improve the quality and variety of habilitative services available to institutionalized residents should be accelerated.

References

Braddock, D. Analysis of data emmanating from surveys of residential facilities conducted by the Accreditation Council for Facilities for the Mentally Retarded. Reston, Va.: The Council for Exceptional Children, Program for the Analysis of Deinstitutionalization Resources, 1975.

Cartwright, D. Analysis of qualitative material. In L. Festinger & D. Katz, (Eds.), Research methods in the behavioral sciences. New York: Holt, Rinehart, & Winston, 1966. Pp. 421-470.

O'Connor, G., & Sitkei, E. The study of a new frontier in community services: Residential facilities for developmentally disabled persons. Working paper no. 72. Eugene, Oregon: Rehabilitation Research and Training Center in Mental Retardation, 1973.

President's Committee on Mental Retardation. Residential programming: Position statements by the National Association of Superintendents of Public Residential Facilities for the Mentally Retarded. Washington, D.C.: Mental Retardation, 1975, 13 (4), 35-39.

Scheerenberger, R. Current trends and status of public residential services for the mentally retarded, 1974. Madison, Wisconsin: National Association of Superintendents of Public Residential Facilities for the Mentally Retarded, 1975.

Selltiz, C., Jahoda, Deutsch, M., & Cook, S. Research methods in social relations. New York: Holt, Rinehart, & Winston, 1959.

APPENDICES

1 - State Document Fact Sheets

2 - Funds Budgeted to States Participating in the CAIR Grant Program

3 - Survey Letter Transmitted to Obtain Administrative Documents

Appendix 1

STATE DOCUMENT FACT SHEETS

Alaska
Arkansas
California
Connecticut
Florida
Hawaii
Idaho
Indiana
Iowa
Kansas
Louisiana
Maine
Maryland
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Jersey
New Mexico
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
South Dakota
Utah
Vermont
Virginia
Washington
West Virginia

ALASKA

(Comprehensive Deinstitutionalization Plan)

DEINSTITUTIONALIZATION

Recommendations

Addressed in submission
Recommendations provided
No problems identified

Legislative

1. Create a Bill of Rights for the DD citizens of the state.

2. Review and revise the statutes regarding guardianship and protective legal services.

3. Review all miscellaneous statutes applicable to the DD.

Organizational

1. Identify needed community support services.

2. Develop standards for community agencies delivering social services.

3. Provide public information about what community services are available.

4. Establish a communication network between community service providers.

5. Develop uniform diagnostic and evaluation services and require their use prior to treatment or placement.

6. Responsibility among residential service providers should be made uniform.

7. Establish licensing standards for differential levels of care for all ages.

8. Establish a statewide policy for service development consistent with the principle of least restrictive placement alternative.

9. Prepare and disseminate public, professional and lay information about the DD.

10. Coordinate all preventive programming.

Budgetary

1. Stabilize the existing funding level.

Client-Centered

1. Assure and improve the availability of special education throughout the state.

2. Provide an increased number of residential services to the adult disabled in the community.

3. Develop respite care facilities in the community.

4. Provide adequate pre- and neo-natal diagnosis services in the community.

INSTITUTIONAL REFORM

Not addressed in submission

ARKANSAS

(Service Delivery Evaluation, Planning, and Management Group Status Report)

DEINSTITUTIONALIZATION

Addressed in submissions
No recommendations provided
No problems identified

INSTITUTIONAL REFORM

Addressed in submissions
No recommendations provided
No problems identified

CALIFORNIA

(Partial Deinstitutionalization Feasibility Study)

DEINSTITUTIONALIZATION

Addressed in submission
No recommendations provided
Problems identified

Problems

Budgetary

1. A full range of services compatible with the needs of the hospital population is not available in the community.

Client-Centered

1. Most community services available to the DD are aimed at meeting the needs of the less severely disabled.

INSTITUTIONAL REFORM

Not addressed in submission

CONNECTICUT

(Behavioral Response to Institutional Modification Study)

DEINSTITUTIONALIZATION

Not addressed in submission

INSTITUTIONAL REFORM

Addressed in submission
No recommendations provided
No problems identified

FLORIDA

(A Plan for Compliance with ACFMR Residential Standards)

DEINSTITUTIONALIZATION

Not addressed in submission

INSTITUTIONAL REFORM

Addressed in submission

459 recommendations provided to gain ACFMR compliance related to more aspects of program

Problems identified

Problems

Budgetary

1. There is great cost ($60 million) to renovate and staff existing facilities at ACFMR levels. It might be more cost-effective to build new facilities.

2. 3,700 new personnel needed in professional and supportive categories to meet ACFMR requirements.

HAWAII

(Comprehensive Deinstitutionalization and Institutional Reform Plan)

DEINSTITUTIONALIZATION

Addressed in submission
Recommendations provided
Problems identified

Recommendations

Organizational

1. The resident population in the state's institution should be reduced to 300 over the next five years.

2. All public and private community resources should be examined with the intent of finding ways to include the DD.

3. The population at the state's institution should be decentralized to five state owned smaller facilities in the community.

4. Using the smaller facilities as nuclei, comprehensive support services should be developed in each of the five locations.

5. Central professional and administrative functions should be established to assist in the development of the new network of residential services.

6. The DD Council should solicit the aid of the state institution and the state university in training of all levels and types of personnel for the new facilities.

7. The DD Council should assist the state institution in bringing pressure to bear on the Department of Transportation, the Division of Vocational Rehabilitation, and city transportation services to provide or make available transportation services.

Client-Centered

1. Social and community placement services should be strengthened to include client follow-along and individual pre-placement evaluation.

Problems

Organizational

1. The state institution is treated as an exception to the mainstream of services being provided through generic agencies.

Budgetary

1. The state institution is the lifelong guardian of adult residents placed into community homes but has no authority to purchase or provide the complete range of support services likely required.

INSTITUTIONAL REFORM

Addressed in submission
Recommendations provided
Problem identified

Recommendations

Organizational

1. Individual program plans to promote increased development and, through increased individual capability, movement toward the community should be developed for all residents at the state institution.

Budgetary

1. The state must make a major financial commitment to the state institution and the total system of support services.

2. The combined Federal-State budget for the state institution should be increased.

3. A capital investment plan extending beyond the minimal expense of certifying four buildings should be developed.

Problem

Organizational

1. The state lacks a coherent, total concept of services for the DD which, in turn, limits the state institution's ability to relate effectively with state agencies and communities.

IDAHO

(Comprehensive Deinstitutionalization and Institutional Reform Plan)

DEINSTITUTIONALIZATION

Addressed in submission
Recommendations provided
No problems identified

Recommendations

Organizational

1. Each regional center must expand its staffing pattern so that it can provide the required services.

2. The regional centers should take an active role in identifying community services that will meet the needs of the institutionalized DD population and thus facilitate discharge.

3. The state institution must develop a system for analyzing its population, identifying resident characteristics, and systematically projecting its needs for community resources.

4. The intensive evaluations recommended should include program planning oriented to skills which will facilitate their return to community life.

5. The regional centers should be responsible for all DD individuals in their catchment area.

6. The relationship between the state's institution and its regional centers must be clearly defined to specify precisely who has what responsibilities.

7. Greater cooperation and coordination must be developed between the Regional Centers, the District Health Departments, the venders of service and the state's institutions.

8. To enable local education agencies to carry out their responsibility of identifying and educating handicapped persons, a comprehensive method of identification must be implemented.

9. The state institution should be used as an institution of last resort in placing the DD in service settings.

10. Uniform quality and performance standards must be developed for the full array of residential services.

11. Policies of the institutions and the regional centers should comply with court rulings.

Client-Centered

1. Training programs for professional persons who will be serving the DD should be inter-disciplinary.

2. Prevocational and vocational training should be linked to an adequate diagnosis and prognosis of the individual's ultimate employability.

3. Parents and the handicapped should have a role in the planning of services.

INSTITUTIONAL REFORM

Addressed in submission
Recommendations provided
No problems identified

Recommendations

Client-Centered

1. The residents should be given appropriate training to enable them to engage in more constructive activities.

2. Particular attention should be paid to developing programs for residents who have self-destructive behavior.

3. A continuing program evaluation should be conducted to ensure that all residents are participating in activities.

4. Recreational services should be increased and something should be provided in all living units.

5. The number of residents per living unit should continue to be reduced.

6. Following appropriate staff and resident training, the living areas should be upgraded significantly.

7. The institutions' bathroom facilities should be upgraded.

8. Where facilities are locked for no apparent reason, this practice should be re-evaluated.

INDIANA

(Institutional Patient Characteristic Study)

DEINSTITUTIONALIZATION

Addressed in submission
No recommendations provided
No problems identified

INSTITUTIONAL REFORM

Addressed in submission
No recommendations provided
No problems identified

IOWA

(Evaluation of Services Available to the Developmentally Disabled Study)

DEINSTITUTIONALIZATION

Not addressed in submission

INSTITUTIONAL REFORM

Not addressed in submission

KANSAS

(Partial Deinstitutionalization and Institutional Reform Plan)

DEINSTITUTIONALIZATION

Addressed in submission
No recommendations provided
No problems identified

INSTITUTIONAL REFORM

Addressed in submission
No recommendations provided
No problems identified

LOUISIANA

(Plan for Eliminating the State's Waiting List)

DEINSTITUTIONALIZATION

Addressed in submission
Recommendation provided
Problems identified

Recommendation

Organizational

1. Louisiana will adopt a delivery system dominated by the institutional care facility.

Problems

Client-Centered

1. The majority of parents can be expected to have little knowledge of the commonly used community support services.

2. As many parents as are enthusiastic about deinstitutionalization will not be.

3. The majority of parents involved with deinstitutionalization can be expected to experience problems as a result of this involvement.

4. The greatest problems experienced by parents will probably be disruption of the family adjustment, apprehension about the workability of other arrangements for the dependent, and the fear that the dependent cannot return to the institution if the new arrangements do not work out.

INSTITUTIONAL REFORM

Addressed in submission
No recommendations provided
No problems identified

MAINE

(Community Resources Inventory)

DEINSTITUTIONALIZATION

Addressed in submission
No recommendations provided
Problems identified

Problems

Organizational

1. The major barrier to gaining support services for the community placed DD is distance and lack of adequate transportation.

2. Not all the generic agencies in the various communities are willing to cooperate with each other.

Budgetary

1. Lack of adequate community resources are largely a function of insufficient fiscal support from the legislature.

Client-Centered

1. In some regions in the state there is a lack of alternative living arrangements.

2. Many residential facilities in communities, particularly those serving only a custodial function, do not have adequate outside activities for their residents.

3. Many of the available community residential facilities limit their training to basic self-help skills.

4. Dental services in the community are impossible to obtain.

INSTITUTIONAL REFORM

Not addressed in submission

MARYLAND

(Comprehensive Deinstitutionalization and Institutional Reform Plan)

DEINSTITUTIONALIZATION

Addressed in submission
Recommendations provided
No problems identified

Recommendations

Organizational

1. Specific plans to augment deinstitutionalization must include community living arrangements and programmatic features.

2. A centralized deinstitutionalization committee should be created with representatives from the State Mental Retardation Administration and each facility at a high enough level to be able to set policy, priorities, and budget allocations.

3. Gross population data must be further refined to include cross reference to (a) time frame for placement in community; (b) type of community living required; and (c) other support services required.

INSTITUTIONAL REFORM

Addressed in submission
Recommendation provided
No problems identified

Recommendation

Organizational

1. Regulations for residential facilities comparable to the ICFMR regulations adopted at the Federal level in 1974 should be developed and promulgated at the state level.

MICHIGAN

(Comprehensive Deinstitutionalization and
Institutional Reform Plan)

DEINSTITUTIONALIZATION

Addressed in submission
Recommendations provided
No problems identified

Recommendations

Legislative

1. Consumer agencies and appropriate state agencies should push legislatively for non-discriminatory zoning laws for the DD.

Organizational

1. The role of the DD Advisory Council should be re-defined in terms of their need to set goals, establish policy and evaluate progress.

2. A new, full-time position of Policy Coordinator for DD concerned with policy development, coordination, planning and evaluation should be established.

3. Intensive inter-agency in-service education efforts for all service providers should be developed.

4. Intensive statewide inter-disciplinary in-service education centers for practical technical information should be provided.

5. The 19 regional inter-agency areas should be reviewed in terms of the appropriateness of their boundaries.

6. Additions should be made to the data system currently being developed by the Department of Social Services for tabulating numbers of DD being served.

7. Each state agency should provide a DD specialist in each departmental regional office with responsibility for in-service education of generic staff.

8. The Division of Vocational Rehabilitation should be involved in pre-release planning.

9. Guidelines for community placements should be developed and standardized for all state institutions.

10. The Department of Mental Health should provide leadership to have each state institution develop an advisory board.

11. The Department of Mental Health should arrange for institutions to use all available resources to serve residents.

12. The role of the institution as a back-up resource to community services should be reflected in the provision of quality respite care, short-term intensive behavior modification, and training programs.

Budgetary

1. The possibility of the institution dollar following the individual during the first year of community placement should be explored.

2. Additional daily program and service funding should be requested by the appropriate agency for immediately needed services.

Client-Centered

1. Action should be taken to provide mandatory accountability for the provision of program services to those DD over 25 years of age who are unable to participate in competitive employment.

2. The Division of Vocational Rehabilitation should develop a clear procedure regarding evaluation of the DD seeking employment who are referred by the Department of Social SErvices group home operators.

3. The Departments of Social Services and Public Health should take the leadership in addressing the problems of poverty which increase the risks of mental retardation.

4. Community Mental Health Boards should develop life consultation and referral centers with follow-along services to serve the DD.

5. The DD should be served locally by inter-agency teams, with a team leader assigned from the prime service agency at the specific stage in the individual's life.

6. The need for a specialized service with diagnostic and treatment components for severe epileptic patients should be researched.

7. The DD Advisory Council should arrange for an in-depth review of the Michigan Housing Authority special provisions for housing for the retarded.

8. A specific inter-departmental agreement should be reached to provide transportation to daily programs.

9. The Department of Public Health should continue to spear-head intensive state efforts in the area of prevention.

10. The Department of Education should expand current home training services to include specific assessment of the family's needs for supportive services.

11. The Department of Education and its local counterparts should assume full responsibility for educational programs for all DD individuals less than 26 years of age irrespective of placement.

12. The Michigan DMH/MR Functional Behavior Profile should continue to be implemented and revised.

13. An accountable formal system should be developed for family input into individualized program planning as well as overall policy development.

INSTITUTIONAL REFORM

Addressed in submission
Recommendations provided
No problems identified

Recommendations

Organizational

1. The unit system of case management should be fully implemented to provide a greater pinpointing of responsibility for coordinating service delivery in institutions.

Budgetary

1. Additional funds should be obtained from the Legislature to enable the institutions to meet the national accreditation standards.

Client-Centered

1. Health screening and maintenance services for institutional residents should be upgraded immediately by greater utilization of existing services provided by state and county health departments.

2. Written individual program plans should be completed for all residents in all programs in conformance with national accreditation standards.

3. Special attention should be given to the programming needs of the adult institutional residents.

MINNESOTA

(Comprehensive Deinstitutionalization and
Institutional Reform Plan)

DEINSTITUTIONALIZATION

Addressed in submission
Recommendations provided
No problems identified

Recommendations

Legislative

1. Require realtors to document verbal and written statements related to the negative impact of community based facilities for the DD.

Organizational

1. Establish program planning units operating cooperatively with the community area boards and county welfare departments, and operate these units in conjunction with a community-based health unit.

2. Develop diagnostic and program planning units for the DD.

3. Specify alternative residential programs which will be needed by the discharged institutional residents.

4. Identify licensed residential alternatives presently in each region.

5. Evaluate all community alternatives to determine whether all necessary support services exist.

6. Analyze service-delivery potential, based on client needs in communities prior to the development of funding of a residential program in that location.

7. Develop a continuum of educational programs.

8. Demonstrate prior to closing of any state-operated facility that appropriate on-going alternative services are available.

9. Develop a state-wide inventory of available services.

10. Develop a form for indicating services delivered and consequent outcomes, common to all agencies dealing with DD.

11. Develop a regional and statewide information storage and client referral system.

12. Train staffs and parents on educational strategies which can be applied to promote the development of DD persons.

13. Establish that training staff have demonstrated competence in educational and behavioral programming, data collection and analysis, and design and implementation of individualized program plans.

14. Establish a statewide training program.

15. Establish a comprehensive support program for parents who elect to raise a disabled child in their home.

16. Develop program planning units in conjunction with community-based health services to provide evaluative and referral services to parents.

17. Develop public information materials for all appropriate individuals which support the principle of normalization.

18. Establish a formalized process for analyzing parent and community attitudes toward community-based programs.

19. Assign responsibility for coordination and funding of early and periodic screening programs to a central public agency to which screening and follow-up activities can be reported for systematic retrieval.

20. Develop a unified approach to the use of the birth registry.

21. Establish an interagency committee to review research and development proposals.

22. Establish a state plan outlining priorities for research and development in human services.

Budgetary

1. Provide funds to establish a system for evaluating client services and client progress which insures the confidentiality of individual client data.

2. Designate to a specific public agency the responsibility for statewide dissemination of educational programs and provide funding to support this activity.

Client-Centered

1. Periodically provide assessments to determine program needs of institutional clients.

2. State objectives of individualized training programs precisely.

3. Complete a comprehensive physical assessment of each DD client prior to movement into community.

4. Develop a comprehensive treatment plan for the client on placement in a community-based residence.

5. Complete a census of DD individuals currently housed in state facilities, in community based facilities, in foster homes and in private homes.

6. Take measures to protect resident's rights--both in institution and community.

7. Develop educational programs on prenatal care, parenting behavior and specific risk factors.

8. Implement statewide high-risks pregnancy testing.

9. Develop programs to meet the diagnostic and treatment needs of DD clients ages 0-21 as a follow-up service for early and periodic screening programs.

INSTITUTIONAL REFORM

Addressed in submission
Recommendations provided
No problems identified

Recommendations

Organizational

1. Reorganize the present state-operated facilities into small units which include residents and a multidisciplinary staff.

2. Reorganize state-operated facilities to provide a continuum of residential programs and assign residents to residential programs which meet their needs.

3. Create a developmental training environment in large state-operated and private facilities for the DD.

MISSISSIPPI

(Institutional Reform Plan)

DEINSTITUTIONALIZATION

Not addressed in submission

INSTITUTIONAL REFORM

Addressed in submission
Recommendations provided
No problems identified

Recommendations

Organizational

1. Provide research opportunities and evaluation of effectiveness of program services in the institutions.

2. Offer opportunities for staff development and in-service training for all institutional staff members.

3. Devise written statements of goals and objectives for each institution and their departments and make them publically available.

4. Renovate old facilities, and design future facilities at institutions with less structured environment.

5. Promote community involvement in serving the DD by using community to provide support services to institutional residents.

6. Formulate written policies and procedures for each facility and its departments and make them publicly available.

7. Compile and make available a directory of resources in Mississippi which each institution can utilize in providing alternatives to placement in an institution.

8. Provide for comprehensive evaluations of all residents which will produce an individual program plan for each.

9. Provide written program objectives for all residents of institutions.

10. Compile comprehensive unit records for each resident and centrally file them.

Client-Centered

1. Provide comprehensive services to all residents.

MISSOURI

(Characteristics and Needs of the Developmentally Disabled Study)

DEINSTITUTIONALIZATION

Addressed in submission
Recommendations provided
No problems identified

Recommendations

Organizational

1. Review policies regarding catchment areas of the state's institutions.

2. Review the boundaries of the MR/DD regions to achieve more balance among population densities, cultural orientation and accessibility of the regional center.

3. More precisely define and delineate the responsibilities and functions of all departments providing services to the DD.

4. Augment the placement capabilities of every center, including all aspects of after-care, follow-along, and related functions.

5. Establish and/or enhance mutually beneficial cooperation with all relevant private organizations.

Client-Centered

1. Provide more careful and frequent observation of clients being considered for, or in process of, placement.

Institutional Reform

Not addressed in submission

MONTANA

(Partial Deinstitutionalization and Institutional Reform Plan)

DEINSTITUTIONALIZATION

Addressed in submission
No recommendations provided
Problem identified

Problem

Budgetary

1. The issue of which is truly more cost-effective as the location for treatment--the community or the institution--is unresolved.

INSTITUTIONAL REFORM

Addressed in submission
Recommendations provided
Problems identified

Recommendations

Organizational

1. Present residential cottages should be redesigned as much as possible from an economic, philosophical and structural standpoint to elicit adaptive decision making and enhance independence.

2. Hiring practices should reflect attempts to provide as normal an environment as possible for residents.

3. The institution should not have individuals perform tasks for which they would not be qualified to perform in the normal job market.

4. Toilets, sleeping areas, and bathing facilities should be redesigned to provide a normal amount of privacy.

5. The generally accepted principles of normalization should be adhered to in the state's institutions.

Client-Centered

1. Children who are trainable and educable should not be admitted to the institution for educational services.

2. Trainable and educable children who are now in institutions or who may be admitted should attend classes at the public schools and should be segregated from the rest of the institutional environment--eventually to be moved to group homes in the community.

3. Resident's billeting should not be in the old army style of large open wards.

4. Resident's clothing should be maintained rather than be allowed to deteriorate.

5. Normal home-style furniture should be used in all cottages whenever possible.

6. All buildings that are equipped to provide bi-sexual living should be utilized for such purposes.

Problems

Budgetary

1. Insufficient public funding is the primary obstacle to institutional reform.

Client-Centered

1. Employee turnover is a great problem at the institution.

NEBRASKA

(Partial Deinstitutionalization Plan)

DEINSTITUTIONALIZATION

Addressed in the submission
Recommendations provided
No problems identified

Recommendations

Budgetary

1. Determine the cost of the training programs for the DD available in the community, keeping in mind both the discrete cost for the instructional program per client and the discrete cost for the support services required.

Client-Centered

1. Construct a list of all the training programs available in the community for the DD.

2. Maintain a chart which lists placement openings at the community training programs.

3. Characterize each training facility in terms of the instructional program offered.

4. Characterize each institutional resident to be discharged in terms of his instructional needs.

5. Discharge individuals only to those community training facilities which offer the appropriate program for the individual.

6. Continually assess community training facilities and institutional residents.

7. Determine the time required to train a given DD individual for job placement.

8. Track those clients discharged to training facilities in community.

9. Identify the support services needed by an individual while in a community training program.

INSTITUTIONAL REFORM

Not addressed in submission

NEVADA

(Comprehensive Deinstitutionalization and Institutional Reform Plan)

DEINSTITUTIONALIZATION

Addressed in submission
Recommendations provided
No problems identified

Recommendations

Organizational

1. The centers should increase the number of handicapping conditions served.

2. Community centers should utilize more fully the recreational services offered by generic agencies.

3. Community centers should discontinue providing education services to school age clients.

4. The local ARC's should assume the role of advocate as a major function.

5. The local ARC's should organize on a statewide basis to maximize their political leverage.

6. The ARC's should support the state service agencies.

7. Local ARC's should transfer to the state agencies major responsibility for providing services.

8. The mental retardation component of the State Division of Mental Hygiene and Mental Retardation should be a separate unit.

Budgetary

1. Community training centers should receive more fiscal support.

2. The local ARC's should use non-governmental funds.

3. Two new residential facilities serving a maximum of 25-30 individuals should be constructed.

INSTITUTIONAL REFORM

Addressed in submission
Recommendations provided
No problems identified

Recommendations

Organizational

1. Write new policies and procedures covering administration.
2. Initiate organizational changes to separate the mental retardation unit from the mental health unit in the budgeting cycle.
3. Improve the records' keeping procedures.
4. Enforce state sanitation and life safety codes.
5. Institute inservice training programs.

Budgetary

1. Fill staff vacancies in the institution.
2. Add personnel to the institution.
3. Build new and modernized facilities.
4. Build new recreational facilities.
5. Add personnel to increase physical therapy services provided.
6. Document therapy services provided and provide inservice training for staff.

Client-Centered

1. Provide social services in the institution.
2. Provide individualized educational services.
3. Involve residents in community centered recreational activities.

New Jersey

(Partial Deinstitutionalization Plan)

DEINSTITUTIONALIZATION

Addressed in submission
Recommendations provided
No problems identified

Recommendations

Organizational

1. The Department of Institutions must be expanded to include a local programs division.

Budgetary

1. Personnel must be assigned to the new local programs division.

Client-Centered

1. The new local programs division should provide a variety of community-based residential arrangements all offering support services.

2. The kind and quantity of services provided should be a function of the DD community resident's needs.

INSTITUTIONAL REFORM

Not addressed in submission

NEW MEXICO

(Comprehensive Deinstitutionalization and Institutional Reform Plan

DEINSTITUTIONALIZATION

Addressed in submission
Recommendations provided
No problems identified

Recommendations

Legislative

1. The executive and legislative branches of New Mexico must determine the advisability of continuing to accept Federal funds under P.L. 91-517.

2. If funds are to be continued the State Developmentally Disabled Planning and Advisory Council should be statutorily recognized.

3. If funds are to be continued, deletion should begin of gubernatorial and legislative references to "mental retardation" in favor of "developmental disability."

Organizational

1. If the funds are to be continued the executive and legislative branches of government should recognize the law, and rules and regulations pertinent to that law.

2. If funds are to be continued determine the advisability of continuing present administrative authority or establishing a new administrative authority.

Budgetary

1. If Federal funds are to be continued the legislature should appropriate needed resources to begin implementing accreditation of programs operated by community service agencies.

INSTITUTIONAL REFORM

Addressed in submission
No recommendations provided
Problems identified

NORTH CAROLINA

(Future Role of the Regional Mental Retardation Centers Plan)

DEINSTITUTIONALIZATION

Addressed in submission
Recommendations provided
No problems identified

Recommendations

Organizational

1. The mental health centers and regional mental retardation centers should arrange themselves and their services into a unified human services delivery network with the mental health centers assuming more direct responsibility for providing services to the DD in the community.

Budgetary

1. More Federal funds should be attracted for use in the state.

Client-Centered

1. A legitimate regional outreach program at the regional centers should be started.

INSTITUTIONAL REFORM

Addressed in submission
Recommendations provided
No problems identified

Recommendations

Organizational

1. Staff at the regional mental retardation centers should meet accreditation standards.

Budgetary

1. Funds should be obtained to convert the facilities at the regional centers so as to provide a less restrictive setting.

NORTH DAKOTA

(Scope Evaluation Study)

DEINSTITUTIONALIZATION

Not addressed in submission

INSTITUTIONAL REFORM

Not addressed in submission

OHIO

(Comprehensive Deinstitutionalization and Institutional Reform Plan)

DEINSTITUTIONALIZATION

Addressed in submission
Recommendations offered
No problems identified

Recommendations

Legislative

1. The currently operable licensure law should be revised to provide that:

   (a) an independent commission will license all community residential facilities;

   (b) licensure should be contingent upon program certification by State agency;

   (c) the State MR Division should have authority to remove an individual from community facility; and

   (d) a legal procedure will be established for the discontinuation of operation of any facility failing to comply with the licensure or program certification standards.

2. The county in which a developmentally disabled client has established residence should be responsible for the individual's well-being.

Organizational

1. The rules and regulations for purchase of service should be finalized and implemented.

2. A manual should be prepared for the purpose of relating all data pertinent to funding, licensure, and purchase of service in which a residential facility operator should be knowledgeable.

3. Local voluntary associations should become more active in coordinating and administering advocacy programs.

Budgetary

1. The institutional budgets should be increased to meet the various service needs of residents.

2. Priority in funding of any new residential facility should be given to those planned to serve DD clients who have multiple handicaps.

3. The staff of each state MR agency district office should be expanded.

4. The DD Council should approve appropriate funding for a "community residential support team" designed to provide technical assistance to community residential facility operators.

5. The DD Council should financially assist Ohio State University Law School in the development of programs which will provide legal assistance to appropriate individuals and agencies.

INSTITUTIONAL REFORM

Addressed in submission
Recommendations provided
No problems identified

Recommendations

Organizational

1. The Commissioner of Mental Retardation and Developmental Disabilities should issue a directive mandating the self-surveying of each of Ohio's institutions to determine which of ACFMR's standards are not complied with.

2. Each state institution in Ohio should prepare a plan for normalizing the institution.

Budgetary

1. Funding should be sought for the survey of all six of Ohio's institutions.

2. Each institution should be requested to prepare a plan and budget for the establishment of one pre-placement home.

OKLAHOMA

(Impact Assessment of Forced ACFMR Compliance)

DEINSTITUTIONALIZATION

Not addressed in submission

INSTITUTIONAL REFORM

Addressed in submission
No recommendations provided
Problems identified

Problems

Organizational

1. The very geographical location of many Oklahoma institutions precludes adequate integration of the institutional residents.

2. Diminishing the exercise of discretion by staff is inappropriate.

3. The use of interdisciplinary staff in needs evaluation is impractical for small residential facilities.

Budgetary

1. The personnel are not available to facilitate transfer of residents from large to smaller facilities.

2. Rigid application of educational standards for executive personnel will result in many presently employed, highly experienced personnel becoming ineligible.

3. The cost of developing the desired in-house data is prohibitive.

4. The standard requiring increased staff meetings is too expensive to implement.

5. The smaller private residential facilities in state cannot afford to use modern educational equipment.

6. The possibility of reducing the size of the present living units is remote due to insufficient fiscal resources.

7. The number of personnel to provide the extensive educational services required is not available.

8. The requirement of developing nutritional research and interdisciplinary research in the area of nutrition is not realistic.

9. Remodelling and equipping the 24-hour residential care facilities in the state is fiscally infeasible.

10. Forced compliance with ACFMR standards will result in a loss of Federal funds and a consequent decrease in the extent and quality of services provided to the DD in Oklahoma.

Client-Centered

1. Very few dentists are housed in architecturally barrier-free facilities, making it difficult to provide dental services in such an environment.

OREGON

(Comprehensive Deinstitutionalization and Institutional Reform Plan)

DEINSTITUTIONALIZATION

Addressed in submission
Recommendations provided
Problem identified

Recommendations

Organizational

1. Integrate regional and local facilities and services into comprehensive operational network.

2. Upgrade existing information system.

3. Establish working plans and implementation guidelines on community facilities and services.

4. Fix responsibility for program development and management.

5. Establish cohesive state-regional-local operation.

6. Integrate management and planning functions.

Client-Centered

1. Establish community developmental disability centers in each county or cluster of counties.

Problem

Budgetary

1. Further deinstitutionalization depends upon creation of more community alternatives.

INSTITUTIONAL REFORM

Addressed in submission
Recommendations provided
Problem identified

Recommendations

Legislative

1. Upgrade statutory and policy provisions on status, rights and methods of treatment.

Organizational

1. Establish time limits on hospitalization and predischarge releases.

Budgetary

1. Increase resident living staff to levels required by Federal standards.

2. Compensate residents for employment in positions related to facility operations.

Problem

Client-Centered

1. The physical characteristics of the facilities are seriously substandard.

PENNSYLVANIA

(Comprehensive Deinstitutionalization and Institutional Reform Plan)

DEINSTITUTIONALIZATION

Addressed in submission
Recommendations provided
Problems identified

Recommendations

Organizational

1. A mechanism must be developed to bring about a uniform labeling of services offered by the various jurisdictions in the state's service network.

Budgetary

1. Flexible funding mechanisms must be developed with funding attached to service components, programs and/or individuals, and in addition, cost accounting methods devised using these units as the cost center.

Problems

Organizational

1. The program components identified as available in the state by the Central Mental Retardation Administrative Office are, in fact, not labeled uniformly throughout the state.

2. Neither legal nor operational separation of the discrete functional components of the service delivery network presently exist.

Budgetary

1. Residential programs have neither the authority nor the resources to develop supportive service programs.

INSTITUTIONAL REFORM

Addressed in submission
Recommendations provided
No problems identified

Recommendations

Organizational

1. Plans must be developed to humanize the existing environments cosmetically.

2. Plans must be developed to organize institutions into units and sub-units consistent with the community norm, with services based upon the developmental model.

3. Plans must be initiated which will lead to the definition of appropriate boundaries for the establishment of a service delivery network into which the state institution can logically be merged with the community network.

SOUTH DAKOTA

(Partial Deinstitutionalization and Institutional Reform Plan)

DEINSTITUTIONALIZATION

Addressed in submission
No recommendations provided
Problem identified

Problem

Budgetary

1. The main obstacle to deinstitutionalization is a lack of adequate funds to stimulate the development of community alternatives to the institution.

INSTITUTIONAL REFORM

Addressed in submission
No recommendations provided
Problem identified

Problem

Budgetary

1. The primary obstacle to institutional reform is a lack of personnel.

UTAH

(Partial Deinstitutionalization and Institutional Reform Plan)

DEINSTITUTIONALIZATION

Addressed in submission
No recommendations provided
Problem identified

Problem

Client-Centered

1. An idea of what potential dischargees are likely to need in the way of living arrangements and support services is lacking.

INSTITUTIONAL REFORM

Addressed in submission
Recommendations provided
No problems identified

Recommendations

Organizational

1. An effective system for the auditing of services should be developed.
2. Institutional program should be such that it will be viewed by all as one form of a total community program.
3. A time limited admissions procedure should be instituted.
4. A standing records system committee should be appointed to review continuously the need for record changes.
5. Written statements of philosophy, policies, and procedures should be refined and improved and available as reference for all staff.

Client-Centered

1. Institute a system of intensive pre-employment training.
2. Increase involvement by staff in program initiation.
3. Increase the space available for programming.
4. Increase available treatment services for behavioral and emotional disorders.

5. Reduce the staff to resident ratio.

6. Initiate a multidisciplinary learning center for residents.

VERMONT

(Comprehensive Deinstitutionalization Plan)

DEINSTITUTIONALIZATION

Addressed in submission
Recommendations provided
No problems identified

Recommendations

Legislative

1. The mental health statutes in the state should be revised.

Organizational

1. An office of DD should be established to carry on planning and program development.

2. A written working agreement should be negotiated between the Department of Special Education and the State institution to maximize utilization of the services of Special Education.

3. The responsibility for providing personal care and programming for the former institutional residents must be transferred to the community mental health system.

Client-Centered

1. The number of community alternatives to the institution must be increased and those presently in use must be augmented with more support services.

2. Prevention programs must be initiated.

3. A system of day care for the severely and profoundly retarded should be developed for these individuals living in the community.

4. Standards and guidelines directing expectations concerning to what extent the DD in the community can look after themselves must be developed.

5. The Department of Mental Health should play a prime role in educating for the legal rights of the DD.

INSTITUTIONAL REFORM

Not addressed in submission

VIRGINIA

(Problem Oriented Record Implementation Study)

DEINSTITUTIONALIZATION

Not addressed in submission

INSTITUTIONAL REFORM

Addressed in submission
No recommendations provided
Problem identified

Problem

Client-Centered

1. In implementing the problem oriented record a major difficulty is converting records of existing residents.

WASHINGTON

(Comprehensive Deinstitutionalization Plan)

DEINSTITUTIONALIZATION

Addressed in submission
Recommendations provided
No problems identified

Recommendations

Organizational

1. Implement a system whereby entrance into the Developmental Disabilities service network is not accomplished only by admission to the state's institutions.

2. Stabilize the institutional population and close those halls which become vacant.

3. Implement an information tracking system to follow the DD clients throughout the service network.

4. Initiate a division of programming responsibility within the state office of DD into institutional programs and local programs.

Client-Centered

1. Reduce the group home growth rate.
2. Create a foster home program.
3. Create a home aid services program.
4. Increase the number of developmental centers.
5. Implement group homes catering to specialized problems only.
6. Implement a comprehensive care service network.

INSTITUTIONAL REFORM

Not addressed in submission

WEST VIRGINIA

(Comprehensive Deinstitutionalization and Institutional Reform Plan)

DEINSTITUTIONALIZATION

Addressed in submission
No recommendations provided
No problems identified

INSTITUTIONAL REFORM

Addressed in submission
Recommendations provided
No problems identified

Recommendations

Organizational

1. Methods of record-keeping and information storage should be developed for use in the institution.

2. A revision of admission procedures is needed in order to move into compliance with the state's new commitment law.

Client-Centered

1. Techniques of initial evaluation and sequential monitoring of progress along with systematic statewide recordkeeping procedures should be developed.

A Report on CAIR Planning Grants

TOTALS	FY 73	Source of Funding					
REGION I	$110,599						
Connecticut	21,132	P.L. 91-517	(Sec. 132(e))				
Maine	15,000	"					
Massachusetts	29,447	"					
New Hampshire	15,000	"					
Rhode Island	15,000	"					
Vermont	15,000	"					
REGION II	105,117						
New Jersey	29,250	P.L. 91-517					
New York	75,867	"					
Puerto Rico	Not participating						
Virgin Islands	"						
REGION III	121,396						
Delaware	14,988	P.L. 91-517		TOTAL FOR P.L. 91-517 (Sec. 132(e)) - $ 369,719			
Dist. of Col.	14,828	FY 74 funds	"				
Maryland	19,115	"					
Pennsylvania	37,000	"					
Virginia	20,465	"		TOTAL FOR P.L. 90-391 (Sec. 4(a)(1)) - 443,626			
West Virginia	15,000	"					
REGION V	118,250						
Alabama	16,790	P.L. 91-517		TOTAL OBLIGATIONS 813,013,345			
Florida	26,940	"					
Georgia	16,335	"					
Kentucky	Not participating						
Mississippi	15,000	"					
North Carolina	23,125	"					
South Carolina	20,120	"					
Tennessee	Not participating						
REGION V	162,331						
Illinois	27,922	P.L. 90-391	(Sec. 4(a)(1))				
Indiana	29,052	"	"				
Michigan	38,365	P.L. 91-517	(Sec. 132(e))				
Minnesota	21,227	"	"				
Ohio	33,225	"	"				
Wisconsin	20,520	"	"				
REGION VI	105,632						
Arkansas	15,000	P.L. 90-391	(Sec. 4(a)(1))				
Louisiana	18,727	"	"				
New Mexico	15,000	"	"				
Oklahoma	16,040	"	"				
Texas	40,795	"	"				
REGION VII	63,302						
Iowa	15,130	"	"				
Kansas	16,280	"	"				
Missouri	16,892	"	"				
Nebraska	15,000	"	"				
REGION VIII	91,374						
Colorado	16,374	P.L. 90-391	(Sec. 4(a)(1))				
Montana	15,000	"	"				
North Dakota	15,000	"	"				
South Dakota	15,000	"	"				
Utah	15,000	"	"				
Wyoming	15,000	"	"				
REGION IX	67,484						
American Samoa							
Arizona	Not participating						
California	37,484	P.L. 90-391	(Sec. 4a)				
Guam	Not participating						
Hawaii	15,000	"	"				
Nevada	15,000	"	"				
Trust Territory	Not participating						
REGION X	67,380						
Alaska	15,000	P.L. 90-391	(Sec. 4a)				
Idaho	15,000	"	"				
Oregon	18,115	"	"				
Washington	19,265	"	"				

Source: Developmental Disabilities Office, Administrative Records, HEW, Washington, D.C., 1975.

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APPENDIX 3

THE COUNCIL FOR EXCEPTIONAL CHILDREN

March 4, 1975

The Council for Exceptional Children has initiated a study designed to gather and analyze state Developmental Disabilities Deinstitutionalization (DI) Plans.

Getting these plans is our first objective. Specifically, "the Plan" we have in mind is commonly called the *Institutional Reform and Deinstitutionalization Plan* and was funded by the HEW Division of Developmental Disabilities. (See Attachment). This "Plan" may be a part of a more comprehensive plan. It may, in fact, not be a plan at all perhaps a needs survey or a service project report.

Participants of the recent National Conference on Developmental Disabilities indicated to me that the best way for CEC to gather the Plans or reports and the related planning information was to direct a letter to State Council Chairpersons, State DD staff, and Regional Office personnel.

We operate under an obligation to RSA to begin analysis on **April 1**. Your Plan is needed by that date to be included in the study. We'll try to include it if we get receipt by April 14.

Please do two things:

1. **Send your completed DI "Plan" or a current status report.**
2. **Send a 1-2 page description of completed and in-progress statewide DI planning activities, and include supporting documents.**

Let us hear from you. Thanks for your time and effort.

Sincerely,

David L. Braddock

David L. Braddock
Director, Program for the Analysis
of Deinstitutionalization Resources

Attachment: CAIR Planning Grants Recipients

1920 ASSOCIATION DRIVE
RESTON, VIRGINIA 22091